

Maricopa County Plan for Employment and Rehabilitation

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The Maricopa County RBHA

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In Cooperation With
ADHS, RSA, University of Arizona
and Office of the Monitor

**Approved by the Superior Court
Office of the Monitor**

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I. Introduction

The Maricopa County Strategic Plan for Employment and Rehabilitation supplements and replaces certain sections of the March 1 ValueOptions/ADHS Strategic Plan for Vocational Services. No attempt is made to restate the information included in the March 1 plan regarding the current status of the system. This plan replaces sections 2.02 (a)(i), pp. 42-55; (a)(ii), pp. 63-64; (b), p. 65; 2.03; 2.04; 2.05; and parts of section 3.01, pages 76-79, which are included as Appendix A. The focus of this plan is to redesign the relationships of the Rehabilitation Services Administration (RSA) and the Maricopa County RBHA, and their case management agents.

The vocational service delivery system in Maricopa County and the implementation of the Interagency Services Agreement (ISA) have been criticized as ineffective in leading to actual employment for the majority of seriously mentally ill consumers. While the intent of the RSA/ADHS relationship was to deliver services in a strengths-based, consumer centered "team" approach, the numerous problems associated with this system have been identified. Primarily:

- RBHA Clinical Teams maintain a primary focus upon crisis management, maintaining psychiatric stability and reducing hospitalizations. The 'clinical team process', including the joint creation of ISP's, has not been fully realized;
- Involvement in meaningful community activities, including employment and vocational services, are seen as "adjunct" services and are not considered a priority. Vocational services have had little emphasis by clinical team staff, and often, consumers are encouraged not to participate for fear of stress-caused decompensation.
- Historically, RSA has been identified as the responsible agency for ensuring consumer access to any vocationally related service--little or no RBHA resources have been dedicated in this area. RSA has, over the past two years, "stretched" the limits of its federal mandate in an attempt to provide "early vocational" and long-term employment support services, as these services are not offered by the RBHA.
- Few communication linkages currently exist between clinical, housing, substance abuse and vocational services; these services operate as separate systems. Essentially, there are four unconnected service delivery systems that rarely interact with each other.

For example, while this plan was being prepared:

- A consumer's residential provider restricted his community access for a minor group-home infraction, which included going to his job. There was no communication with the vocational provider, and the job was lost.
- A psychiatrist recently advised a consumer to terminate her part-time employment because the side effects of her medication made it difficult to get up in the morning. This discussion did not include the VR Counselor or Job Coach, who found out after the consumer terminated her employment; no attempt was made to investigate reasonable job accommodations such as modifications in the work schedule.

This plan strives to realign the role and responsibility of RSA and the orientation of the clinical team toward rehabilitation and employment for each person. This plan is dependent upon a restructuring of the clinical team, ISP and service responsibility of the Maricopa County RBHA. It has been developed, therefore, in conjunction with our Case Management and Clinical Team Strategic Plan.

The plan addresses the current systemic problems by:

- Providing clear value statements and principles for the entire Maricopa County RBHA operation based on the importance of work and each person's ISP revolving around their rehabilitation/employment needs;
- Clearly establishing the responsibility for all rehabilitation, vocational and employment services for persons with serious mental illness served by ADIIS and the Maricopa County RBHA;
- Changing and clarifying the role of RSA to be one of the employment and supported work agents assisting and providing expanded vocational training and employment for clients of the system;
- Separating the clinical team responsibility of the Maricopa County RBHA from the services development and service provision of RSA—allowing the resources of RSA to be used on program development and client services, rather than staffing clinical teams;
- Ensures that each client has an ISP that is centered around the employment and rehabilitation needs of the individual;
- Obligating the Maricopa County RBHA to:
 1. Fully fund the clinical teams, including a rehabilitation/employment specialist;

2. Fund a three-year phase-in of a rehabilitation-focused clinical team process;
3. Provide the infrastructure within the Maricopa County RBHA for the program development, training and implementation of clinical team demonstration models to meet the goals of the plan;
4. Support the implementation of a demonstration project, recommended in Year One, which allows the two selected Vocational Service Providers to operate flexibly as the need is identified;
5. Establish sufficient rehabilitation/vocational and employment opportunities for at least 50% of the seriously mentally ill population to be in full, meaningful programs at all times¹;
6. Provide the necessary, ongoing training and protocols for all staff:
 - Provides the basis to determine the performance measures to be required in provider networks when established, to insure the rehabilitation/work focus and program development required;
 - Establishes the basis and timeframes for further development and refinement of the system to meet the new rehabilitation values of the system.

¹ Baseline and clear performance measures to monitor progress in the development of all consumer plans and services required under this Employment and Rehabilitation Plan will be established under Objective Seven, p. 34.

II. Values

The entire values system of ADHS and the Maricopa County RBHA regarding recovery and the delivery of mental health services, including vocational, employment and rehabilitation services, must be actualized; operation of the system must be based on the following values:

Recovery from psychiatric illness is the primary goal of all services provided by the RBHA.

- The Maricopa County RBHA firmly believes that the goal of recovery is the driving force behind the delivery all services.
- Recovery implies that the consumer is not "cured", but acquires the skills necessary to fully function, becoming a contributing member of society.
- Opposed to a model in which the focus is on "sickness", the recovery model focuses upon "wellness", and assumes that the consumer is taught the skills necessary to overcome deficits, becomes less symptomatic and more functional.
- It is a consumer-driven process, valuing consumer choice at all levels.

A significant indicator of psychiatric recovery is self-sufficiency.

- Self-sufficiency can be defined as acquiring and utilizing skills necessary to manage one's life, including involvement in employment or meaningful community activities. Self-sufficiency includes the recovery of numerous functions, including the ability to work, drive a car, secure a place to live, make friends, raise children, etc.

Involvement in meaningful community activities, especially employment, is the primary vehicle to self-sufficiency

- Vocational rehabilitation often emerges as the primary focus of the recovery process because, in our society, work is the single best way to obtain an identity other than that of a mental patient and to integrate into the community.
- Work and/or vocational training opportunities must be available for each consumer. If a consumer rejects employment, other rehabilitation-focused options should be provided (with employment options available should the consumer desire employment at any point).

While all service planning shall be holistic in nature, focusing upon living, working, learning and relating, the central focus of all service planning shall be consumer involvement in meaningful community activities, whether paid or unpaid. All services offered by the RBHA shall support this participation.

- The Maricopa County RBHA believes meaningful community activity, either paid or unpaid, is the most important component of recovery.
- All services offered by the RBHA, including clinical, housing and substance abuse treatment, should support participation in these activities.
- All Maricopa County RBHA services support assisting consumers to develop skills and confidence to move toward self-sufficiency and independence.
- Vocational choices, which may include any type of meaningful activity (whether directly targeted at paid employment acquisition or not) and plans to support those choices should therefore prominently figure in all ISP's.
- There must be an adequate capacity of trained vocational providers sufficient to serve all persons interested in working and to implement all consumer's ISP, including career and rehabilitation plans.
- There must be a sufficient array of vocational opportunities and supports, which are adequately funded by ADHS or RSA, to provide jobs and vocational services to all persons who need them.

III. Principles

- The ADHS, through its RBHA, has the responsibility of ensuring every adult with a serious mental illness has their employment and vocational rehabilitation needs addressed through their ISP and, that an available range of program options and supports to meet those needs exists.
- Each person's ISP will address the vocational and rehabilitation interests and services needed to achieve positive vocational outcomes.
- A specific, clearly identified career development/rehabilitation plan will be part of each individual's ISP.
- Consumers must have available a full range of employment, supported employment, rehabilitation and social skill development opportunities necessary to develop the interests and skills to move toward their individual vocational rehabilitation goals.
- Options must be available and continuously offered individuals to assist them in establishing and supporting the rehabilitation process, even after obtaining employment.
- Employment opportunities, sought and offered individuals, will be as close as possible to that person's stated preferences and interest area.
- Services and supports will be tailored to the individual rather than "pre-programmed" or based on typical client needs.
- Emphasis of the RBHA and RSA will give the highest priority to the development of employment supports and creating jobs.
- DIIS and their agents must have sufficient administrative capacity for the program development and oversight of all vocational rehabilitation programs.
- DHS, the RBHA and RSA must recruit trained vocational providers to ensure sufficient capacity within the system to serve all consumers who need vocational or employment services.
- All vocational opportunities must meet the standard for supported employment.
- DHS and the RBHA must commit to the implementation of the Service Development Plan in the vocational and rehabilitation areas and to fund all needed services.

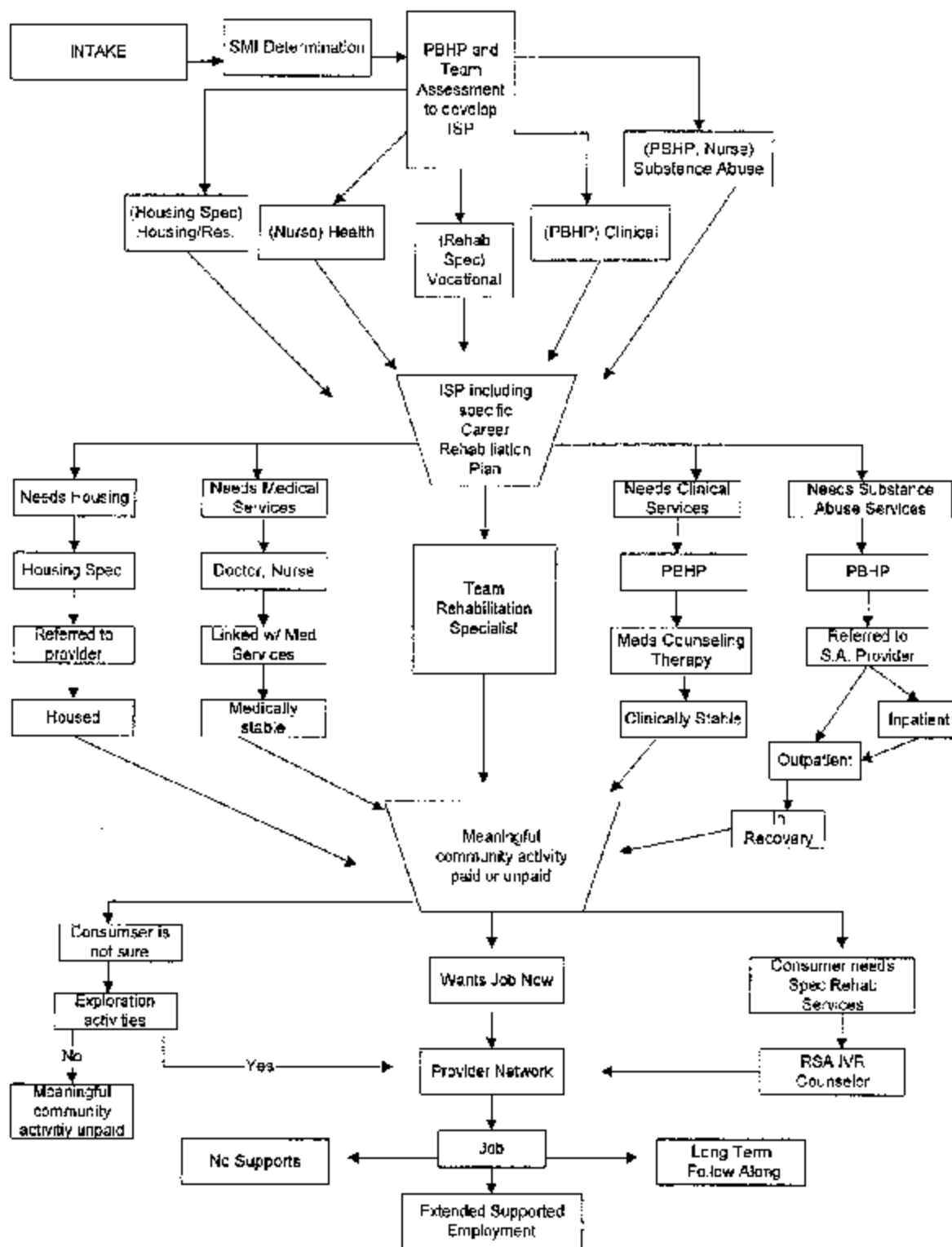
IV. New Maricopa County RBHA Rehabilitation and Employment Plan

A. Introduction

In order to fully realize the vision of a mental health system grounded in the recovery model, the Maricopa County RBHA intends that the central focus of all service planning shall be consumer involvement in meaningful community activities, whether paid or unpaid. All other services, including psychiatry, medication management, therapy, case management, housing, substance abuse treatment, etc., support the consumer's productivity, learning and involvement in the community.

The Maricopa County RBHA will, therefore, engineer a shift within the behavioral health services delivery system toward a recovery-based focus, with work considered the "high water mark".

The previously stated values have been delineated into thirteen specific goals for the system in this section. The major changes required to implement these goals are predicated upon a new organizational design with specific operational principles. To allow the reader to clearly visualize and fully understand how these goals are intended to bring the system into compliance with the stated values, we present this new organizational framework, illustrated in the following flow chart, for comparison:



B: Comparison of Functions and Responsibilities

To prepare the reader, an overview follows of the changes in functions and responsibilities as a result of the Strategic Plan for Employment and Rehabilitation Services:

Function	Current	Future	Major Change
Funds mental health services delivery system	ADHS	ADHS	None
Provides oversight of mental health services delivery system	ADHS	ADHS	None
Receives/manages/administers mental health dollars	RBHA RSA	RBHA RSA	RBHA demonstrates greater resource commitment to vocational and employment services
Establishes performance outcomes ²	ADHS	ADHS RBHA	To be approved by The Office of the Monitor and submitted to parties in Arnold v. Sam
Collects, analyzes and evaluates performance outcome data	RBHA RSA	RBHA RSA	Expanded data collection protocols, electronic data links between agencies
Rehabilitation Specialist for the Clinical Team	RSA	RBHA	RBHA places Rehabilitation Specialists on teams; RSA Counselors focus on providing specialized rehabilitation services
Assisting consumers in identifying career/rehabilitation goals/plans through ISP process	RSA	RBHA	Team Rehabilitation Specialist performs this role (previously an expectation of VR Counselors)

² Performance outcomes, as defined through Objective Seven, Product Seven, p. , will ensure explicit and quantifiable measurement of performance and plan implementation over time.

Engaging consumers in accessing employment and vocational services	RSA	RBHA RSA	Greatly expanded role of RBHA staff in obtaining employment/voc services
Providing Orientation to the World of Work, Benefits education, job seeking skills, job clubs, etc.	RSA	RBHA RSA	Greatly expanded role of RBHA clinical teams in providing rehabilitation education and information
Program development and employer expansion, including job development and placement	RSA	RBHA RSA	RBHA increases its commitment and role in developing vocational and employment opportunities; works cooperatively with RSA to jointly contract for some services
Employment Support Services	RSA	RBHA RSA	All RBHA services support consumers meaningful community activity
Long-term employment supports	RSA	RBHA RSA	RBHA expands service delivery to include long-term employment supports, in addition to RSA's Extended Supported Employment Program
Specialized Rehabilitation Services	RSA	RSA	VR Counselors primarily focus on providing specialized Rehab services

C: Strategic Plan Objectives

Objective One:

The Maricopa County RBHA will ensure that each consumer identified as seriously mentally ill will be engaged in a planning process to identify career and other rehabilitation goals and will be assisted with rapid access to services necessary to meet those identified needs, including meaningful community activities, vocational services and employment, as well as the clinical, housing and other services necessary to support them.

The Maricopa County RBHA believes that consumers should receive the services they need, when they need them. In order for consumers to recover from psychiatric disability, a shift must occur within the service delivery system from a focus on illness to one that has a primary goal of assisting consumers to achieve self-sufficiency through participation in meaningful community activities, whether paid or unpaid.

Clinical Case Management Model

This model of clinical case management, developed jointly by the Maricopa County RBHA and its case management staff and planned in conjunction with the Case Management and Clinical Team Strategic Plan, establishes teams focused upon assisting consumers to achieve recovery and self-sufficiency. This is accomplished through the implementation of two types of case management:

Assertive Community Treatment (ACT):

Clinical team staff are actively involved with consumers, facilitating the process of identifying consumer strengths and needs, informing consumers of the most appropriate services available within the community to meet those needs and assertively assisting them in accessing those services. As caseload size is relatively small, clinical team staff maintains consistent and regular contact with the consumers they serve, allowing consistent and ongoing engagement and supportive encouragement to participate in meaningful community activities, rehabilitation services and employment.

Clinical teams capitalize upon consumer motivation to participate in recovery-focused activities, especially those activities leading to employment. When consumers demonstrate motivation to become involved in such activities, clinical team staff, knowledgeable of community-based services, rapidly assists consumers with service or activity access.

Intensive Case Management:

Intensive case management models focus on consumer strengths, teaching rehabilitation and recovery skills and developing strong, positive working relationships between consumers and Case Managers. Case Managers are highly skilled and knowledgeable of services within the community, emphasizing the use of natural resources and community services. Services are delivered in the community.

Consistent recovery and wellness education:

A primary role of clinical team staff is that of educator. Consumers are provided consistent, regular opportunities to participate in educational, informational and supportive activities designed to assist them in acquiring the recovery skills necessary obtain self-sufficiency, including successfully participating in employment and meaningful community activities, managing the symptoms of their illness, maintaining their physical health and integrating into the community.

To achieve the desired outcome, the composition of current clinical teams must be changed, including roles and responsibilities, as well as the addition of several new positions and functions. The clinical case management team will include:

Team Rehabilitation Specialist

Historically, the RBHA has relied upon specially trained VR Counselors, employed by RSA, to perform a number of key functions, including that of "rehabilitation specialist" for each clinical team. While based on sound principles, this system has not achieved the desired outcomes, largely due to the limited purview of RSA Counselors and the separation inherently caused by having individuals, employed by differing agencies with often opposing objectives, attempt to work cooperatively as a team.

In order to ensure that each consumer is actively engaged and assisted in the process of choosing vocational and meaningful community activity goals, and appropriate attention and emphasis is placed upon work and rehabilitation, each clinical team within the RBHA network will employ a "Team Rehabilitation Specialist", as indicated above.

As involvement in meaningful community activities, whether paid or unpaid, is considered the primary vehicle to self-sufficiency, the Team Rehabilitation Specialist is considered a crucial member of the team. The Team Rehabilitation Specialist will perform the following functions:

- Ensures each person's ISP contains a specifically identified career/rehabilitation plan, in accordance with the consumer's long-term vision, encouraging work as the focus.

- Serves as employment/vocational specialist for each team, maintaining a recovery-based focus on assisting consumers to achieve self-sufficiency;
- Works with each consumer assigned to the team in assessing and evaluating vocational strengths and developing career/rehabilitation plans and goals as part of the ISP process;
- Links each consumer to non-network services (volunteer opportunities), ensuring follow-up;
- Provides direct job placement and follow-up services for those consumers who neither need nor desire Network or RSA services;
- Works cooperatively with the vocational network providers to ensure consumer progress toward employment goals;
- Works cooperatively with the RSA Counselor to ensure consumer access to specialized rehabilitation services, making referrals to VR Counselors and assisting consumers through the VR process;
- Provides rapid access to all services—network, non-network and RSA. “Strike while the iron is hot”;
- Offers consumers options and engages them in the process of determining goals and services;
- Educates team members regarding the importance of vocational/meaningful community activities;
- Ensures long-term follow-along services;
- Supervises the work of the Employment Specialist.

Qualifications:

The ideal candidate for the Team Rehabilitation Specialist has a minimum combination of education and experience, including a Bachelors degree in a rehabilitation-related discipline and two years of experience as a job coach, job developer, social rehabilitation program or similar program; or a Masters Degree in a rehabilitation-related discipline and one year of experience, or is a Certified Rehabilitation Counselor. Consumers meeting these qualifications will be encouraged to apply.

Employment Specialist

In addition to the Team Rehabilitation Specialist, depending upon consumer RAFL Level, clinical teams may employ an Employment Specialist, supervised by the Team Rehabilitation Specialist, who will perform the following functions:

- Facilitates informational, educational and supportive activities, including Orientation to the World of Work, the effect of work and meaningful community activities on benefits programs, job seeking skills, job clubs and employment support groups;
- Implements career/rehabilitation plans as directed by the Team Rehabilitation Specialist;
- Assists the site benefits specialist in educating the clinical team regarding work incentive programs such as PASS and IRWE, and assists consumers in identifying the most appropriate methods to manage benefits while in a training program or employed;
- Works cooperatively with Network or Non-Network providers in ensuring consumer access to and engagement in vocational and rehabilitation services, including ongoing monitoring and follow-up;
- Provides ongoing monitoring and long-term support for consumers involved in meaningful community activities, including employment;

Qualifications:

The ideal candidate for the Employment Specialist will possess a minimum combination of education and experience including four years experience as a benefits or employment specialist, job coach, job developer, social rehabilitation or similar program worker; or, an Associate Degree and two years experience; or, a Bachelors Degree and one year of experience. Consumers meeting these qualifications will be encouraged to apply.

Complete Description of Potential Team Staff

As described in the Case Management and Clinical Team Strategic Plan, clinical teams will be established utilizing a variety of models, including ACT and Intensive Case Management teams. The following offers a description of staff clinical teams may include, based upon model. It is important to note that not all staff described will be included in each clinical team.

Team Member

Function

PBHP

Manager of Care

Nurse	Medication monitoring, Physical health education, including managing side effects
Team Rehabilitation Specialist	Assessment and evaluation of consumer meaningful community activity, employment or vocational needs, career and rehabilitation planning, access to vocational/employment services, job development and placement, support, monitoring and follow-up
Housing/Residential Specialist	Assessment and evaluation of consumer housing/residential needs, community integration planning, access to housing/residential services, support, monitoring, follow-up
Employment Specialist	World of Work and benefits education, facilitating job clubs, employment support groups, implementing career/rehabilitation plans, job development and placement, monitoring, long-term employment supports
Independent Living Skills Specialist	Independent living skills, orientation to the community and transportation training and education, implementing community integration plans, monitoring and follow-up, long-term housing/residential supports
Case Managers	Symptom management education, supportive counseling and guidance, case coordination, implementing rehabilitation, clinical and community integration plans
Peer Case Manager	Consumer professional, trained in peer support, providing supportive counseling and guidance, case management, case coordination, implementing rehabilitation, clinical and community integration plans
Benefits Specialist	Adjunct to the team, as needed, to work with the assigned Employment Specialist

Clinical Team Process

Upon SMI determination, consumers assigned to work with the ISP team will be engaged in the ISP process, which begins with the strengths and needs assessment. This activity is focused upon achieving the following outcomes:

- Assisting consumers in identifying their wants, establishing goals and plans based upon what they are motivated to achieve;
- Identifying meaningful community activity desires and career/rehabilitation plans (as part of the ISP) leading to the ultimate goal of employment;
- Determining the clinical, housing, health, independent living, social, recreational or other supports the individual requires to achieve career/rehabilitation goals.

The role of clinical team members then is to provide consistent engagement, encouragement and the guidance and supports necessary for the consumer to achieve their career/rehabilitation goals. To adequately fulfill this role and ensure that consumer needs are not ignored or neglected, it is critical that the clinical team establishes clear flows of communication.

To ensure communication within the team is effective and continuous, each clinical team which is operating on the ACT model will meet daily (Intensive Case Management teams as needed), discussing consumer support needs, identifying strategies to meet those needs and establishing individual team member responsibilities. These meetings will establish the linkages necessary between other critical systems of care, such as housing, clinical and substance abuse. At that time, intervening issues, such as overnight crises, medication side effects, symptom management, housing and residential problems, employment-related stressors, will be addressed. The PBHP and the Team Rehabilitation Specialist will play key roles in these meetings.

To ensure effective communication with outside stakeholders, clinical team members will maintain at least monthly contact. For example, the Team Rehabilitation Specialists will ensure at least monthly contact with RSA Rehabilitation Counselors for those consumers receiving RSA services. Team Rehabilitation Specialists and Employment Specialists will schedule at least monthly consumer staffings with Network Providers.

Implementation

Implementation of this model of clinical case management, including Team Rehabilitation Specialists and Employment Specialists, will be phased in throughout the system in an orderly, progressive fashion over a period of three years. The implementation plan will be sensitive to consumers needs and established relationships, and will be designed to cause as little disruption to consumers, providers and outside

stakeholders as possible. Upon approval of the plan, the Maricopa County RBHA will ensure that all stakeholders involved within the services delivery system are aware of the plan and adequately informed regarding impending changes in roles, responsibilities and outcomes.

Utilizing information garnered during prior assessments of well-functioning clinical teams, Arnold v. Sam Exit Stipulation priorities and consumer needs, 10 clinical teams will be selected to “demonstrate” the implementation of this case management model. Demonstrating implementation of this system during the first year will:

- Prevent massive disruption within the services delivery system;
- Allow for maximum clinical team training, technical assistance, supervision and ongoing supports;
- Assure implementation flexibility, providing opportunities to make adjustments or revisions of the structure and function of clinical teams;
- Ensure the availability of the most highly qualified staff to fulfill crucial roles within the clinical team;
- Allows the most effective utilization of limited dollars through implementation funding;
- Allows for thorough data collection, rapid analysis and prompt adjustments as necessary;
- Allows RSA Counselors and staff to focus upon job finding and support. RSA Counselors will, during the first year phase of implementation, continue to work with the same clinical teams, but in a redefined role.

These 10 teams will represent a cross-section of consumers, based upon RAFL Levels. This information is described in more detail in the Case Management and Clinical Team Strategic Plan, which includes a “crosswalk” between the ALFA and RAFL systems.

RAFL Level 1:	Dangerous
RAFL Level 2:	Unable to Function, Current Psychiatric Symptoms (Acute)
RAFL Level 3:	Lacks ADL/Personal Care Skills
RAFL Level 4:	Lacks Community Living Skills
RAFL Level 5:	Needs Role Support and Training

RAFL Level 6: Needs Support/Treatment to Cope with Extreme Stress or Seeks Treatment to Maintain or Enhance Personal Development

Consumers falling into RAFL Level 6 require only case coordination. No consumers fall into Level 7.

The initial demonstration project will focus on those consumers in RAFL Levels One through Four, with a mix of clinical team model types, including ACT Teams, Intensive Case Management Teams and a replication of the SAMSHA/Employment Intervention and Demonstration Project.

Pre-implementation:

- Clearly and fully describe the service delivery process for each model of case management, delineating roles, responsibilities and functions of clinical team staff, RSA, Network Providers, consumers, family members and other outside stakeholders.
- Create job descriptions for each clinical team employee related to their individual roles, responsibilities and functions, including qualifications and clearly specified outcome expectations.
- Identify parameters of the initial demonstration effort, including choosing 10 clinical teams, selection of demonstration project staff, case management models to be utilized and a plan to ensure services to consumers are not disrupted during the transition.
- Identify data collection elements necessary to ensure complete and ongoing evaluation of clinical team effectiveness.
- Identify potential partnerships with universities, governmental agencies or other organizations to conduct research projects surrounding the demonstration project effort.

Implementation Year One:

- Implement 10-team demonstration project.
- Collect, analyze and evaluate data regarding demonstration project teams on a monthly basis.
- Create implementation plan for Years Two and Three Clinical Teams.

Implementation Years Two and Three:

- Implement plan for Years Two and Three Clinical Teams
- Collect, analyze and evaluate data regarding system outcomes on a monthly basis.

Objective Two:

The Maricopa County RBHA will insure that the format and design of the ISP is sufficient to address the vocational, employment and rehabilitation needs of the individual and assists in the sound development of goals leading to positive vocational outcomes.

Each consumer is to be engaged by the clinical team in the supportive process of creating an Individualized Services Plan to guide their rehabilitation and recovery. Every ISP must assess the consumer's strengths and assets, as well as needs, goals and the services required fulfill them. Further, each consumer will be assisted, through the ISP process, to create a specifically identified career development/rehabilitation plan as part of his or her ISP. The ISP process is facilitated by the Primary Behavioral Health Professional, and includes the members of the team as described previously.

In order to ensure that each consumer receives the highest possible assistance and guidance from clinical team staff, especially regarding the development of rehabilitation and career goals, the current ISP "tool" must be evaluated and revised as appropriate. The Maricopa County RBHA, therefore, will:

Pre-implementation:

- Participate in the statewide process, currently underway, of examining the current ISP tool, to be utilized throughout the system in those teams outside the demonstration project.
- Modify, as appropriate, the ISP tool to be utilized within the demonstration project, ensuring it is sufficient to meet the needs of both ACT and ICM model clinical teams, fulfills the principles and values of the Maricopa County Plan for Employment and Rehabilitation and meets outcome guidelines established within the plan. The effort will include participants from the RBHA, ABS of Arizona, RSA, and ADHS as well as consumers.
- Identify a plan to implement the use of the "demonstration" ISP, including criteria and data collection protocols to be utilized for ongoing evaluation of the tool's use and effectiveness.

Implementation Year One:

- Provide training to clinical team staff within the 10 demonstration project teams on the use of the revised ISP, including ongoing technical assistance and support.

- Evaluate data collected regarding the revised ISP's use within the 10 demonstration project teams and its effectiveness quarterly. Representatives of the RBHA, ADHS, Network Providers, RSA and the Office of the Court Monitor will complete this evaluation. Adjustments and changes will be made as appropriate.

Implementation Year Two:

- Provide training to clinical team staff within additional year two clinical teams on the use of the revised ISP, including technical assistance and follow-up support.
- Continue to evaluate data collected regarding the revised ISP's use within clinical teams and its effectiveness at least twice yearly. Representatives of the RBHA, ADHS, Network Providers, RSA and the Office of the Court Monitor will complete this evaluation. Adjustments and changes will be made as appropriate.

Implementation Year Three:

- Provide training to clinical team staff within additional year three clinical teams on the use of the revised ISP, including technical assistance and follow-up support.
- Continue to evaluate data collected regarding the revised ISP's use within clinical teams and its effectiveness at least twice yearly. Representatives of the RBHA, ADHS, Network Providers, RSA and the Office of the Court Monitor will complete this evaluation. Adjustments and changes will be made as appropriate.

Objective Three:

The Maricopa County RBHA and RSA will design an employment assessment, interest inventory and career planning guide to be utilized by the consumer and clinical team in designing the most appropriate vocational rehabilitation plan.

To capitalize upon motivation, each consumer is to be assisted in identifying their desires regarding employment, vocational and social rehabilitation, as well as strengths and needs. This assessment is part of the ISP development process and will be facilitated by the Team Rehabilitation Specialist, under the direction of the PBHP, with assistance as necessary from other team members.

It is important to note that this process is not intended to replace or circumvent the assessment and evaluation services offered and funded by RSA. Where possible and most appropriate, Team Rehabilitation Specialists will assist consumers in accessing RSA's specialized assessment and evaluation services.

In order to ensure that each consumer receives the highest possible assistance and guidance from clinical team staff, especially the "Team Rehabilitation Specialist", specific assessment and planning tools are required. These tools must be grounded in the principles of psychiatric rehabilitation and based upon established best practices within the vocational rehabilitation arena.

The Maricopa County RBHA, therefore, will:

Pre-implementation:

- Convene, facilitate and support a work group through the process of gathering and reviewing existing assessments and tools and the review of best practices guiding the use of such assessments. This group, consisting of a cross-section of mental health and rehabilitation professionals, will identify the most appropriate tools to be utilized to assist consumer development of ISP's, including career and rehabilitation plans.
- Create a best practices, policies and procedures guide for clinical team staff in their proper use of these assessments, as well as the role and utilization of RSA assessments and evaluations.
- Identify a plan to implement the use of the revised ISP, vocational rehabilitation assessments and tools.

Implementation Year One:

- Provide training to Team Rehabilitation Specialists and other appropriate clinical team staff within the 10-team demonstration project teams on the use of assessment and evaluation tools.
- Evaluate data collected regarding the assessment and evaluation tools' use within the 10 demonstration project teams and its effectiveness quarterly. Representatives of the RBHA, ADHS, Network Providers, RSA and the Office of the Court Monitor will complete this evaluation. Adjustments and changes will be made as appropriate.

Implementation Year Two:

- Provide training to Team Rehabilitation Specialists and other appropriate clinical team staff within year two clinical teams on the use of assessment and evaluation tools.
- Evaluate data collected regarding the assessment and evaluation tools' use and effectiveness at least twice yearly. Representatives of the RBHA, ADHS, Network Providers, RSA and the Office of the Court Monitor will complete this evaluation. Adjustments and changes will be made as appropriate.

Implementation Year Three:

- Provide training to Team Rehabilitation Specialists and other appropriate clinical team staff within year three clinical teams on the use of assessment and evaluation tools.
- Evaluate data collected regarding the assessment and evaluation tools' use and effectiveness at least twice yearly. Representatives of the RBHA, ADHS, Network Providers, RSA and the Office of the Court Monitor will complete this evaluation. Adjustments and changes will be made as appropriate.

Objective Four:

The Maricopa County RBHA will ensure the availability of an expanded array of meaningful community activity, vocational and employment options, sufficient to meet identified consumer needs, with the assistance of RSA where needed.

RBHA Network Services

The Maricopa County RBHA is responsible for the development and provision of employment and rehabilitation opportunities for all classmembers. The RBHA, with assistance from RSA as available, is responsible for the funding of all programs outlined in this plan. As a managed care organization, RBHA relies upon its provider network for the bulk of service delivery, including social and vocational rehabilitation services. At present, the RBHA contracts with six agencies to provide vocational services in Maricopa County: Triple R Behavioral Health, MARC Behavioral Health, Presbyterian Service Agency, Toby House, Devereaux and Southwest Behavioral Health Services. While Toby House, Devereaux and Southwest Behavioral Health Services provide varying forms of "day treatment" and "social recreation" services, only Triple R and MARC Behavioral are currently involved in providing direct vocational services, including work adjustment, supported employment and job development and placement. It is imperative that capacity within the system to provide vocational and employment services must be expanded.

The Maricopa County RBHA was recently awarded a grant from St. Luke's Charitable Trust, which has initiated the process of Network expansion. This grant, designed to be delivered in three phases, includes a Network Provider conference, which is planned for July 1999. This conference will provide overviews of the most recent and cutting edge models of social and vocational rehabilitation service delivery, presented by such nationally recognized experts as Dr. Ed Knight, Martha Long and Phil Wyzick. Network providers in attendance will be encouraged to apply for eight mini-grants to assist in either converting a traditional "day treatment" model program to a vocationally oriented program, or, establishing and supporting a consumer operated business. Further, each selected provider will receive intensive training and technical support over the next two years.

In order to ensure the widest possible range of options from which consumers may choose, it is imperative that the Maricopa County RBHA expand the current provider network. This network expansion would offer a broader services array, including, but not limited to:

Service	RBHA	RSA
Recovery Education/Information	X	
Illness Management Skills	X	
Benefits Education	X	X
Work/Career Exploration	X	X
Drop-in Centers	X	
Social Rehabilitation ³	X	
Volunteer Activities	X	
Effective Parenting/Homemaking	X	
Retirement Options	X	
"Team" Engagement	X	
Go Clubs	X	
Transitional Employment	X	X
Vocational Guidance and Counseling	X	X
Access to Meaningful Community Activities	X	
Job Seeking Skills	X	X
Fountain House Model Programs	X	X
Work Adjustment	X	X
Supported Employment	X	X
Job Development and Placement	X	X
Home-based Employment	X	X
Consumer-Operated Businesses	X	X
Enclaves	X	X
NISH Contracts	X	X
Rehabilitation Needs Assessment	X	
Thorough Vocational Assessment		X
Extended Supported Employment		X
Natural Supports	X	X
Long-term Follow-Along	X	
Job Clubs	X	
Supported Education	X	X
Sheltered Employment	X	
Program Development	X	X

At present, the range of options available to consumers within the provider network is limited. One intent of separating the roles and responsibilities of RSA and the RBHA on clinical teams is to provide increased capacity at both the RBHA and RSA to devote more resources and energy into program development. The demonstration project offers an additional opportunity to determine the range of options needed by this group of consumers. The demonstration project will identify and use at least two established vocational providers to work hand-in-hand with demonstration project teams and develop

³ This includes the Psychosocial Rehabilitation Programs such as "Coloring Outside the Lines" as requested by consumers.

services as needed. Upon identification by the clinical team of a needed service, unavailable within the community, these providers will develop the service and ensure its availability. The Maricopa County RBHA will support this effort by not requiring pre-authorizations for such services and will assist in their development through technical assistance and support.

The Maricopa County RBHA will undertake the following tasks in order to create this expanded array of Network social and vocational services:

Pre-implementation:

- Ensure Gap Analysis includes a full range of program options needed to meet consumer needs as well as adequate rates of Network Provider reimbursement.
- Prioritize service development activities by year, including identifying new resources and funding responsibilities, in accordance with the agreed to and court-filed Service Development Attachment. Any modifications to the schedule will be submitted to the parties for approval.
- Gather data regarding the services, including social and vocational rehabilitation, currently purchased by the RBHA, either directly or indirectly, through the provider network. Further, the RBHA will participate in and support a similar process undertaken by RSA.
- Conduct a thorough analysis of the data regarding those services, determining what is actually delivered and provided.
- Jointly identify the services that are necessary and appropriate within this expanded array to meet the widest possible range of consumer needs; compare what is actually delivered and provided currently, to what is necessary and appropriate; identify which current services will continue to be purchased, are unnecessary or obsolete, and where service gaps exist.
- Create a long-range plan to fill identified service gaps, including a timeline for service procurement. Each new Network provider contract will clearly define the desired service to be provided and will be outcome-oriented and incentivized. To ensure the most effective use of limited resources, this plan will also identify the most appropriate funding streams, delineating those services which must be funded by the RBHA and those which may utilize RSA's Federal match dollars. The RBHA and RSA will, as much as procurement laws and regulations allow, contract for services in the same manner.
- Identify two established vocational service providers to work with demonstration project clinical teams, developing services as needed.

- Identify long-term outcomes.

Implementation Years One, Two and Three:

- Evaluate data collected regarding Network Provider outcomes on a quarterly basis, recommending adjustments, improvements and corrective action as necessary.
- Coordinate with RSA, at least quarterly, regarding service gaps and unmet needs and, utilizing collected data, identify quarterly service development projects, including joint projects.

Non-Network Services

Often, consumers have needs, goals and desires that may be most appropriately met by involvement in Non-Network services. Non-Network services are those which are currently available or naturally exist within the community, without authorization from either the Maricopa County RBHA or RSA. These services may range from activities offered through Parks and Recreation Departments, Community Organizations and churches to self-help and support groups. They may include volunteer activities, providing work experiences that assist in making informed choices about career goals, be utilized as supportive services in addition to primary services, or may simply be the consumer's choice of meaningful daily activity.

The Maricopa County RBHA will:

Pre-Implementation:

- Identify such community resources, activities and opportunities currently existing within Maricopa County, creating a Community Resource and Information Guide, including means of access, to assist consumers and clinical team staff in utilizing Non-Network community services.
- To ensure Clinical Team Staff assist and encourage consumer participation in community-based Non-Network services as appropriate, based upon the individual social and rehabilitation needs identified in the consumer's ISP, the RBHA will identify data collection elements through its computer system, generating quarterly reports regarding Non-Network service utilization.
- The Maricopa County RBHA will ensure that clinical team staff, especially the "Team Rehabilitation Specialist", are aware of Non-Network services and how to access them. This will be accomplished through the ongoing training plan, described later.
- Create a long-range plan for the development of such services within the community, educating community organizations regarding involvement of

individuals with serious mental illness in their programs and partnering with community organizations, consumer groups, etc., to foster a higher level of quality through both the Prevention, Education and Outreach and Consumer Affairs Departments.

Implementation Years One, Two and Three:

- Evaluate data collected regarding utilization of non-Network services on a quarterly basis, recommending adjustments, improvements and corrective action in the program development plan as necessary.

Objective Five:

The Maricopa County RBHA will ensure that reimbursement rates paid for various vocational rehabilitation and social development programs will be reviewed and adjusted as necessary to stimulate growth within the provider network and to provide the needed level of intensity.

Historically, rates paid by the RBHA in Maricopa County for social and vocational rehabilitation services have been criticized as below market standard. As Network providers are typically not-for-profit entities, the dollars they receive via RBHA reimbursements are intended to cover the cost of service delivery and to develop new programs and services. Unfortunately, these low rates of reimbursement have contributed to the decline in the number of providers involved in social and vocational rehabilitation programs within Maricopa County, as well as the inability of many providers to risk the development of new and innovative services. As a result, consumers are limited in their choices and options.

As previously discussed the Maricopa County RBHA intends to expand the service array offered through the Network. Coupled with those efforts, the RBHA will ensure Network Providers are reimbursed at an appropriate rate to stimulate growth within the Network. The RBHA will:

Pre-Implementation:

- Evaluate current reimbursement rates of all providers of social and vocational rehabilitation services, comparing local data to national data for similar programs, recommending adjustment as necessary.

Implementation Year One:

- During the initial, first year demonstration project of this plan's implementation, ensure flexibility in reimbursement rates by eliminating "pre-authorization" requirement for provision of vocational, employment or social rehabilitation services.
- Collect monthly service usage and reimbursement data, utilized to determine what services are necessary or most effective, how services are to be delivered and the most appropriate contracting mechanisms.
- Redesign contracting structure to remove disincentives to Network Providers, reduce service delays and decrease consumer access barriers.

Implementation Years Two and Three:

- Evaluate reimbursement rates on an annual basis to assist in ensuring continuous improvement within the Network.

Objective Six:

The Maricopa County RBHA will ensure consumer access to specialized rehabilitation services available only through RSA, and the continued participation of RSA Behavioral Health Rehabilitation Counselors.

The Role of RSA⁴

The Maricopa County RBHA, by ensuring appropriate attention and emphasis is placed upon consumer involvement in vocational and meaningful community activities, is committed to a greatly expanded role. The assignment of a RBHA "Team Rehabilitation Specialist" to each clinical team and the expansion of the RBHA provider network will have a significant impact upon RSA's system and structure. As stated earlier, RSA has historically been assigned the responsibility of providing services considered vocationally related; few RBHA resources were committed to vocational service delivery. RSA's willingness to accept an ever-increasing responsibility for vocational service delivery, although commendable, has stretched the limits of its federal mandate.

The role of RSA in assisting consumers through the recovery process can not be overstated. The RBHA values its partnership with RSA and intends to continue to foster that positive relationship. As the RBHA becomes increasingly involved in vocational service delivery, RSA will shift its focus within the program. By utilizing Team Rehabilitation Specialists in the role of clinical team vocational "experts", RSA Counselors will have an increasing amount of time to spend in the community, providing direct services to consumers, job development and placement, employer recruitment and expansion, etc.

RSA's programs, services, roles and responsibilities were outlined in the March 1 Strategic Plan for Vocational Services. This plan further delineates those roles. RSA may utilize its resources for that which benefits consumers most:

Program Development

It is imperative that RSA's level of commitment to individuals with serious mental illness in Maricopa County be maintained and increased. RSA's expertise and willingness to establish program development grants will provide additional services and options within the Network. Over the past several years, RSA has successfully developed a number of innovative and "cutting edge" vocational programs for individuals with serious mental illness. The Maricopa County RBHA will work cooperatively with RSA to assist in developing new programs and services, identifying those services that can be jointly developed, contracted and funded, with the ultimate goal of increasing capacity for consumer employment within the system.

⁴ Specific criteria and performance measures for RSA under this plan will be defined in Product Seven, p. 51

Specialized Rehabilitation Services:

RSA Counselors are rehabilitation professionals who assist individuals with disabilities in adapting to the environment, assist environments in accommodating the needs of the individual and work toward full participation of persons with disabilities in all aspects of society, especially work. RSA Counselors will continue to be an integral part of the service continuum, providing these specialized rehabilitation services. This system will utilize RSA Vocational Rehabilitation Counselors where they are trained experts, for example, in identifying needed disability accommodations and thorough vocational evaluations. The RBHA will work cooperatively with RSA to identify the most effective ways to utilize these important specialists, clearly delineating for clinical team staff the definition and purpose of specialized rehabilitation services and appropriate referral procedures, and will work diligently to support their inclusion in the clinical team process. Consumers must continue to meet RSA eligibility requirements and policies guiding the delivery of VR Program services.

Consumers will access RSA Counselors in three ways:

Direct referral by Team Rehabilitation Specialist:

Through the assessment and career/rehabilitation planning process, consumers requiring thorough vocational assessments or evaluation, specialized rehabilitation services, the Team Rehabilitation Specialist will refer specific job skills acquisition or educational needs (leading to an employment goal), directly to an RSA Counselor.

Direct referral by Network Providers:

As rapid engagement and access to employment and rehabilitation services is a primary goal, Team Rehabilitation Specialists will refer the largest percentage of consumers to Network Providers for vocational and employment services. RSA Counselors, assigned to work within the provider network, will accept referral for those consumers who are "job ready".

Consumer self-referral:

Consumers will continue to have the option of self-referral to RSA for services.

To ensure consumers have access to the specialized rehabilitation services available only through RSA, the Maricopa County RBHA will:

Pre-implementation:

- ADHS and RSA, with input from the Maricopa County RBHA, will evaluate the current ISA as it pertains to Maricopa County, making adjustments and amendments as appropriate. This effort will be undertaken with the primary

expectation of maintaining and increasing the commitment of these entities to vocational service delivery for individuals with psychiatric disabilities.

- **Actively communicate and coordinate program planning and delivery efforts, holding coordination meetings at least monthly, including the RBHA Employment and Vocational Manager, RSA Region One BHS Coordinator, ADHS Community Program Representative for Maricopa County and the ABS Intergovernmental Relations Coordinator.**
- **Create a plan, in conjunction with RSA, to best utilize RSA personnel within the provider network, assuring maximum consumer and clinical team access to RSA Rehabilitation Counselors and services. This plan will identify workspace needs of RSA personnel and ensure such space is available and provided within each network provider for RSA Vocational Rehabilitation Counselors.**
- **Convene a work group, facilitated by the RBHA Employment and Vocational Manager, to clearly identify the roles and responsibilities of clinical team staff, especially the "Team Rehabilitation Specialist", RSA Counselors and Network Providers within the initial demonstration project. Further, this group will identify the roles and responsibilities of clinical team and RSA staff in those teams outside the demonstration project. This work group will consist of representatives from the RBHA, RSA, ABS, ADHS and Network Providers.**
- **Clearly identify specific, quantifiable and measurable performance measures for RSA activities and RBHA activities, to be used both in the demonstration project and in ongoing evaluation and continuous improvement of the system.**
- **Jointly create a "Guide to Vocational Rehabilitation Services" to be utilized by all staff, explaining staff roles and responsibilities, including training.**
- **Identify data collection elements necessary to evaluate the utilization of and services provided by and effectiveness of RSA VR Counselors.**

Implementation Year One:

- **Convene a quarterly coordination meeting for Team Rehabilitation and Employment Specialists, RSA VR Counselors and Network Providers involved in the initial demonstration project.**
- **Ensure continued availability of RSA VR Counselors to consumers not served in the 10-team demonstration project.**

- Evaluate data collected regarding VR Counselor utilization, RSA services, etc., on a quarterly basis, making adjustments within the demonstration project as necessary.
- Identify plan with RSA to utilize VR Counselors for years two and three implementation.

Implementation Years Two and Three:

- Continue quarterly coordination meetings for Team Rehabilitation and Employment Specialists, RSA VR Counselors and Network Providers involved with the “redesigned” teams.
- Evaluate data collected regarding VR Counselor utilization, RSA services, etc., on a quarterly basis, making adjustments within the demonstration project as necessary.

Objective Seven:

The Maricopa County RBHA will ensure that clear criteria exist to measure performance of the system and its providers.

Clinical Team Outcome Indicators:

Number of vocational needs assessments/evaluations completed by Team Rehabilitation Specialists

Percentage of ISP's with a work/rehabilitation focus (by site)

Percentage of outside work, rehabilitation or other providers involved in rehabilitation goals of consumers, who participate in ISP or clinical team functions.

Consumer Recovery Outcome Indicators:

Hours per day of participation in meaningful community activities related to ISP goals and recommendations (per consumer/by site)

Number of consumers making progressive moves from social rehabilitation to vocational rehabilitation to employment supports

Number of consumers making progressive moves from ACT Model Teams to Intensive Case Management Teams

Number of consumers achieving independence from benefits and entitlement programs, including SSI and SSDI.

Number of consumers participating in:

Competitive Employment

Supported Employment

Extended Supported Employment

Receiving Long-term follow-along services

Work Adjustment/Work Activities

Average Wage

Average Weekly Work Hours

Number of consumers receiving a wage

Number of consumers referred to RSA VR Counselors for services

Network Outcome Indicators:

Number of jobs created

Number of unmet needs met through Network Development activities

Number and type of meaningful community activity options available

Number of consumers receiving Recovery/Wellness Information and Education

Objective Eight:

The Maricopa County RBHA will create linkages between employment/vocational, housing, clinical and substance abuse services.

As discussed earlier, few communication linkages between clinical and other services currently exist. The Maricopa County RBHA, by shifting the emphasis of the mental health system to a recovery-based service delivery system and implementing a clinical team demonstration project, will create those necessary linkages by:

- Establishing clinical team specialists as experts in their particular areas, including rehabilitation, clinical, housing and residential services;
- Focusing all ISP planning activities toward the goal of recovery;
- Requiring each clinical team to meet regularly (based upon clinical team model) to discuss cross-system consumer issues, increasing and enhancing interdisciplinary coordination and cooperation.

Pre-Implementation:

- Clearly map out service linkages, planning procedures, communication protocols for clinical teams
- Establish policies and procedures for clinical teams regarding communication with and inclusion of Network Providers, RSA VR Counselors and other stakeholders within the clinical team process, thus ensuring linkages between housing/residential, vocational and clinical services
- Identify data collection elements regarding the inclusion of Network providers, RSA VR Counselors or other stakeholders in the clinical team process.

Implementation Years One, Two and Three:

- Provide ongoing technical assistance and supervision of clinical teams to ensure that intra-team and interdisciplinary communication continues and that all stakeholders are included in the clinical team process.
- Evaluate data collected regarding inclusion of Network providers, RSA VR Counselors and other stakeholders in the clinical team process on at least a quarterly basis.

Objective Nine:

The Maricopa County RBHA will ensure that all clinical team staff are adequately trained and informed regarding their roles and responsibilities surrounding the clinical team process, and that clinical team staff adequately fulfill these roles and responsibilities.

Pre-implementation:

- Inform all clinical team staff, Network providers, RSA staff, consumers and other stakeholders of plans to reorganize clinical teams.
- Create an initial training curriculum surrounding the shift in focus to the recovery model, guiding principles, best practices in psychiatric rehabilitation and the primary importance of social and vocational rehabilitation activities as the center of service planning. The outcome of this effort is to establish a basic foundation of knowledge within the service delivery system. Representatives from the RBHA, ABS and RSA and consumers will create this curriculum, with the assistance and guidance of expert consultation.
- Deliver initial training to all Psychiatrists, Nurses, Case Managers, PBHP's, Network Providers, RSA Behavioral Health staff and RBHA staff.
- Create and implement a plan to educate and inform consumers and family members regarding the shift in focus of the service delivery system, as well as their responsibilities in fostering their own individual recovery. The RBHA, ABS and consumers will create this plan.
- Upon selection of the initial 10 clinical teams selected for first year implementation, deliver specific training to each clinical team regarding their roles, responsibilities and expectations surrounding service planning within the new Clinical Case Management model; utilizing the revised ISP and associated tools; community and Network services and resources; and linkages between vocational, clinical, housing and substance abuse services.

Specialized curricula will be developed and trainings delivered as follows:

- PBHP and Site Managers, regarding their roles and importance as clinical and administrative supervisors in supporting participation in vocational and meaningful community activities;
- Nurses, regarding health assessments, teaching side effects management and their role in supporting participation in vocational and meaningful community activities;

- Case Managers regarding the functions of case management, implementing ISP plans and supporting participation in vocational and meaningful community activities;
- Independent Living Skills Case Managers, regarding their roles in assisting consumers to access housing and residential services, teaching daily living skills, transportation training, orientation to the community and supporting participation in vocational and meaningful community activities;
- Housing Specialists, regarding the role of the RBHA housing manager, ABC, Housing Programs and providers, funding streams, homeless assessments, etc., and supporting participation in vocational and meaningful community activities;
- Office Managers and Office Staff regarding their impact on consumer participation in the recovery process, customer service, a basic understanding of serious mental illness, handling difficult customers, what to do in a crisis, etc.

Team Rehabilitation Specialists will receive specialized training, to include:

- Best practices in psychiatric rehabilitation; utilizing assessment and evaluation tools; assisting consumers in choosing career/rehabilitation goals and associated planning; accessing community services, including RSA, Network, Non-Network, etc.; the ADA; specific services such as supported employment; supportive employment intervention, etc.

Employment Specialists will receive specialized training, to include:

- Best practices in psychiatric rehabilitation; implementing career/rehabilitation plans; accessing community services, including RSA, Network, Non-Network, etc.; the ADA; specific services such as supported employment; intervention strategies; benefits programs; facilitating world of work, job clubs, job seeking skills classes, etc.

Network Providers

- Understanding their role in the recovery process; working with Team Rehabilitation and Benefits/Employment Specialists; the role of RSA; referral procedures; service linkages.

RSA Staff

- Understanding their role in the recovery process; working with Team Rehabilitation and Benefits/Employment Specialists; the role of Network Providers; referral procedures; service linkages.
- Currently, the number of individuals qualified to be Team Rehabilitation and/or Employment Specialists is limited. In an effort to improve the quality of services to consumers and increase the numbers of qualified professionals within Maricopa County, the RBHA will pursue sources of grant funding to establish educational opportunities. Examples of such programs utilizing State and/or Federal grants, are numerous, including the RSA/University of Arizona Masters of Rehabilitation Counseling Program, University of Pittsburgh Masters in Psychiatric Rehabilitation and the University of Arizona Bachelors in Rehabilitation Program. Potential funding sources include the Federal Office of Special Education and Rehabilitation (OSERS) and Rehabilitation Counseling Education Program (RCEP).

Implementation Year One:

- Maricopa County RBHA staff will facilitate monthly meetings with Team Rehabilitation Specialists and Benefits/Employment Specialists;
- Quarterly meetings of Team Rehabilitation Specialists, Employment Specialists, Network Vocational Providers and RSA VR Counselors;
- Individual team consultation and support will be provided on an ongoing basis throughout the first year.

Implementation Years Two and Three:

- Those teams initiated during year two will participate in the same training program as described above, including ongoing training and technical support.

Objective Ten:

The Maricopa County RBHA will ensure that a program of wellness information and education is available to consumers on an ongoing basis.

The RBHA recognizes the value of education and information in assisting consumers in achieving and maintaining psychiatric stability, integrating into the community and moving toward self-sufficiency. These services can most efficiently, and cost-effectively, be provided by those individuals consumers are most familiar and comfortable with, Clinical Team staff. As each clinical team will be focusing upon groups of consumers with similar functioning levels, clinical teams will tailor curricula to meet special needs. This program of education and information will include, but is not limited to:

- Disability awareness and adjustment education to assist consumers in understanding and coping with the cyclical nature of serious mental illness, its symptoms, resulting functional limitations and impact on community integration (facilitated by clinical staff);
- Information surrounding the medical implications of mental illness, access to health care, psychiatric medications and medication side effects (facilitated by medical staff);
- Ongoing consumer and family member education regarding the effect of work and community activities on benefits programs such as SSI, SSDI, Food Stamps, AIICCS, TANF, Housing, etc. (facilitated by Benefits Specialists);
- Orientation to the community, including utilization of public transportation, recreation, library and other facilities and services, as well as supportive and self-help services (facilitated by Independent Living Skills Case Managers);
- Orientation to the World of Work, including the impact of work and meaningful community activities on individual lifestyles (facilitated by Team Rehabilitation Specialists and RSA Counselors);

Further, clinical teams will seek out educational, informational and wellness programs offered in the community or by other organizations, such as the Department of Health Services, Drop-in Centers, self-help groups such as Alcoholics Anonymous, DES and RSA, including the Consumer Speakers Bureau. Additionally, relationships will be established with local family support groups, such as AAMI, ensuring family members are included in these activities. Clinical team staff will prominently market these educational and informational opportunities to foster participation. Clinical teams will create and distribute written rehabilitation and wellness information through direct mail to consumers.

The impact of family members and other individuals significant in a consumer's recovery cannot be overstated. It is critical that family members and significant others understand their role in the recovery process and are informed (and supported) by clinical team staff.

The RBHA will ensure the availability of such informational and educational activities to consumers and family members by:

Pre-Implementation:

- Establishing standards for wellness programs and educational/informational curricula.
- Identifying expected outcomes and minimum service delivery levels.
- Collecting computer-based data regarding service availability, consumer utilization, and records of attendance and systems outcomes.
- Pursuing research partnerships regarding the delivery of an organized recovery information and wellness education program designed for individuals with serious mental illness.
- Inclusion of consumer professionals in all aspects.

Implementation Years One, Two and Three:

- Provide technical assistance and support to Clinical Case Management providers in the development and delivery of these services, including assistance in establishing relationships with community organizations and state agencies.
- Evaluate service effectiveness on an ongoing basis through analysis of collected data, making adjustments within the program as necessary.

Objective Eleven:

The Maricopa County RBHA will ensure those unmet needs and needed services, unavailable through the RBHA Provider Network, will be noted on each consumer's ISP, aggregated and utilized for program development.

In addition to the ongoing and continuous gap analysis, the Maricopa County RBHA will undertake the following activities to ensure unmet needs are documented:

Pre-Implementation:

- Identify means by which clinical teams will document unmet needs and how this data will be captured and aggregated.

Years One, Two and Three:

- Throughout the consumer assessment and ISP planning process, clinical team staff will be instructed to identify unmet needs and needed services that are not currently available through the RBHA Network. These unmet needs will be documented on each consumer's ISP and entered into the MHS system.
- The RBHA Quality Management Department will capture aggregated data regarding such needs on a quarterly basis, and will issue a Quarterly Unmet Needs Report.
- The RBHA Network Department will analyze this data and utilize it to guide procurement activities designed to make these services available within the Network.

Objective Twelve:

The Maricopa County RBHA will ensure that an organizational infrastructure, sufficient to ensure the effective development and implementation of the Regional Vocational Plan, exists.

At present, the RBHA Employment and Vocational Manager has the primary responsibility of developing, implementing and managing the Regional Vocational Plan for Maricopa County. Given the magnitude of the changes proposed within this plan and the tasks which must be completed to effectively transform the service delivery system, it will be necessary for the RBHA to ensure the availability of staff, in sufficient numbers and appropriately qualified. Optimally, this staff will consist of:

Employment and Vocational Manager:

Responsible for the development and implementation of the Regional Vocational Plan for Maricopa County and supervises the RBHA vocational team. This position is currently funded.

Vocational Program and Network Development Specialist

Primarily focuses on identifying needs within the system and fostering the development of programs, services, partnerships, interagency agreements, etc., required to expand vocational, employment and meaningful community activity options.

Rehabilitation and Vocational Specialists (2):

Serve to provide technical assistance, support, guidance and training to clinical teams, primarily focusing on Team Rehabilitation and Employment Specialists. This function will be critical throughout the three-year implementation.

Rehabilitation/Recovery Training Specialist:

This position has primary responsibility for coordinating the training program outlined in this plan with the RBHA, ABS and RSA training departments, as well as identifying additional resources, funding streams, grants and interagency agreements to increase the knowledge, skill base and qualifications of staff involved in service delivery.

Consumer Operated Business Coordinator:

Focuses primarily on increasing consumer self-employment opportunities, increasing employment opportunities for all consumers by fostering development of consumer-operated businesses within the community. This position is currently funded.

Administrative Assistant:

Provides clerical and administrative support services for the Vocational Team.

Pre-Implementation:

- Identify funding sources for positions, including potential joint RBHA/RSA/ADHS funding.

Objective Thirteen:

The Maricopa County RBHA will ensure community involvement in the development and expansion of employment and meaningful community activities.

In order to ensure community input into the planning, development and expansion of meaningful community activities (including social rehabilitation, volunteer opportunities, etc.) and employment, the RBHA will:

- Address the issue of meaningful community activities and employment expansion in the Consumer Advisory Council on a quarterly basis, soliciting input from consumer leadership and utilizing this input in ongoing planning and development;
- Establish a committee of community employers, in conjunction with RSA and Community Rehabilitation Program providers, designed to increase relationships with community employers, educate employers regarding hiring individuals with serious mental illness and expand employment opportunities;
- Solicit the participation of consumer and family member representatives in the Local Maricopa County ISA Advisory Committee, to be established by RSA, as described in the March I Strategic Plan for Vocational Services.

V. Definitions

Meaningful Community Activity:

Any community activity, program or service, whether paid or unpaid, that promotes consumer recovery from psychiatric illness, fosters self-sufficiency and enhances role functioning, including but not limited to, social rehabilitation, volunteering, training, education, vocational activities and employment.

Social Rehabilitation:

Services or activities providing opportunities to develop functional skills, foster social role integration and make informed life and work choices in a supportive and flexible atmosphere, including such activities as work exploration, volunteering, trying out work, or any activity that may lead toward more traditional vocational rehabilitation services or employment.

Competitive Employment:

Competitive employment means work that is performed on a full-time or part-time basis in an integrated setting for which an individual is compensated at, or above, the federal minimum wage.

Vocational:

Vocational services include basic services such as vocational counseling and guidance, assessment, job placement assistance, employment and training opportunities specifically targeting individuals with serious mental illness.

Integrated Setting:

Integrated setting means that the consumer is not engaged in training or work which is performed within a self-contained work environment (including janitorial, maintenance and landscaping which directly benefits that self-contained work environment).

Group Setting:

Group settings are those in which two or more individuals who are part of work cluster in the same training area, workstation or self-contained work environment.

Individual Setting:

Individual settings are those in which services are provided one-on-one with an individual who is not part of a group of consumers in the same training area, workstation or self-contained work environment.

VR Program Services:

VR Program Services are those services provided, authorized and funded by the Vocational Rehabilitation Program of Rehabilitation Services Administration (RSA).

Vocational Assessment/Counseling:

The comprehensive assessment of an individual's vocational skills, attitudes, behaviors and interests through a variety of formal and informal methods.

Skills Training:

An array of approaches to assist consumers to acquire basic vocational and educational skills in the program of their choice in the community.

Job Development for Competitive Placement:

Locating or working with employers to create or secure jobs in the community for persons seeking competitive employment without supports.

Community Support Clubhouse/Transitional Employment Program:

A community support clubhouse provides support services through a comprehensive self-help clubhouse. Staff and members work as teams to perform the necessary tasks for the operation of the clubhouse. Transitional Employment Programs are designed to provide employment experiences that prepare people for competitive employment, including the assistance and support of a job coach.

Individual Supported Employment:

Supported Employment secures or works with employers to create a real job in the community paying a competitive wage with staff support on the job, including intensive on-the-job skill training, job related social skills training, frequent follow-up services in order to reinforce and stabilize the job placement, facilitation of natural supports at the work site and other discrete services as necessary. Supports should be adequate to allow an individual to work a minimum of ten hours per week and earn minimum wage.

Group Supported Employment:

Supported employment secures or works with employers to create a real job in the community paying a competitive wage with staff support on the job, including intensive on-the-job skill training, job related social skills training, frequent follow-up services in order to reinforce and stabilize the job placement, facilitation of natural supports at the work site and other discrete services as necessary. Supports should be adequate to allow an individual to work a minimum of ten hours per week and earn minimum wage. Group Supported Employment utilizes group placement such as consumer-run businesses or enclaves.

Intensive Supported Employment:

Intensive Supported Employment includes all the services associated with Supported Employment. However, the supports and on-site supervision required by the consumer to obtain and maintain employment in the community are at a much more intensive level, up to at least daily on-site contact. Supports should be adequate to allow an individual to work a minimum of ten hours per week and earn minimum wage.

Employment Supports:

Any service necessary to assist consumers in maintaining employment, including long-term, on-going employment supports provided through the RSA Extended Supported Employment Program, natural supports identified within the community or long-term supports provided by clinical team staff.

Extended Supported Employment:

Extended Supported Employment provides long term, indefinite on-going support for an employed individual (including counseling, regular contacts with the individual and/or employer, job monitoring, finding a new job when necessary, maintaining established and on-going natural and peer supports) in order to assist individuals maintain employment in the community. Supports should be adequate to allow the individual to work a minimum of 10 hours per week and earn minimum wage.

Sheltered Employment:

Sheltered Employment provides a controlled and protected work environment, additional supervision and other supports for individuals engaged in remunerative work either in a sheltered workshop or in the community (e.g., in enclaves and/or mobile work crews). Sheltered Employment is utilized only for those most severely disabled individuals who require such intensive supervision and services to maintain continued employment.

Supported Education:

Supported Education consists of higher education opportunities for persons with severe mental illness. It provides necessary supports such as study skills training and social skills training, etc. It may be an intensive college preparatory program designed specifically for persons with serious mental illness. Services should be provided in the community, within the consumer's educational setting of choice, with the full range of educational facilities available to consumers.

VI. Plan to Plan

Product One:

By January 1, 2000, create a detailed plan to implement the 10-team demonstration project, including:

- a description of the service delivery process
- identified roles, responsibilities and expectations of clinical team staff
- data collection protocols and potential research partnerships
- specified system outcomes

This implementation plan will use and incorporate data identified by the gap analysis.

Product Two:

By October 31, 1999, reengineer the ISP planning tool for utilization within the 10 recovery-focused demonstration project teams, including career and rehabilitation planning.

Product Three:

By October 31, 1999, create vocational assessment, evaluation and career planning tools to be utilized by Team Rehabilitation Specialists within the demonstration project.

Product Four:

By March 15, 2000, create a three-year resource development plan, utilizing information from the Gap Analysis, sufficient to meet the social rehabilitation, vocational and employment support needs of at least 50% of seriously mentally ill consumers in Maricopa County, including resource allocation and program development plans to be undertaken by the RBHA and RSA, both together and separately. This 50% goal will be accomplished at the end of the three year period, with 20% achieved year one, 35% achieved year two and 50% achieved year three.

Product Five:

By February 1, 2000, utilizing information from the Gap Analysis and data collected internally, identify reimbursement rates and contracting methods sufficient to stimulate growth within the provider network.

Product Six:

By January 1, 2000, delineate the responsibilities of the RBHA, ADHS and RSA by:

Evaluating and revising the current ISA as it pertains to Maricopa County

Creating a plan to best utilize RSA personnel both within the system as it transitions

Clearly delineating roles, responsibilities and expectations of Team Rehabilitation Specialists, Employment Specialists and RSA VR Counselors

Product Seven:

By February 1, 2000, identify data collection elements and performance evaluation measures for the three-year plan.

Product Eight:

By March 1, 2000, identify service coordination and communication protocols for clinical team staff, sufficient to ensure the inclusion of RSA VR Counselors, Network Providers and other outside stakeholders as members of the interdisciplinary clinical team.

Product Nine:

By January 1, 2000, create a comprehensive three-year training plan sufficient to:

establish a basic foundation of knowledge regarding recovery from psychiatric illness, including best practices of psychiatric rehabilitation within the service delivery system

ensure specific training is delivered to demonstration project clinical team staff regarding their individual roles and responsibilities

ensure ongoing technical assistance and support is available to clinical team staff, sufficient to ensure success

Product Ten:

By March 1, 2000, create a plan to implement a program of recovery education and wellness information for consumers with serious mental illness within the mental health system, including potential research partnerships.

Product Eleven:

By March 1, 2000, create a plan to ensure that unmet needs are fulfilled through the program development process.

Product Twelve:

By July 1, 1999, create a plan to ensure an infrastructure, sufficient to ensure the success of the Regional Vocational Plan, exists within the RBHA.

Product Thirteen:

By October 31, 1999, gather input from consumers regarding expansion of meaningful community activities and employment, establish committee of community employers and include consumers and family members in the Local Maricopa County ISA Committee.

Appendix A:
Revised Section 3.01,
pp. 76 –79 of the March 1
Strategic Plan for Vocational Services

Chapter Three: Administration

Section 3.01 Specific Outcome Goals, Measures, Targets (and other plan evaluation)

The following section provides an overview of the "master plan" of tasks that must be completed in order to accomplish the four goals of the Maricopa County Regional Vocational Plan. Additionally, expected outcomes and targets are included. Please note that training will be provided throughout the fifteen month period at appropriate intervals. Not all training that will be delivered to staff will be reflected in this overview.

It is also important to note that the target dates provided are simply targets. It is anticipated that many of the tasks listed may be completed prior to their target dates.

Segments of the grids will have strike-outs. This indicates that the task is addressed in detail in the Maricopa County Plan for Employment and Rehabilitation dated May 14, 1999.

Tasks:

Goal One:

An expanded services array, including Early Vocational and meaningful community activity options, VR Program options and Employment Support Services options.

Task	Target Date	Lead	Others Involved
Complete assessment tool to be utilized by PBHP's in engaging consumers and assisting them in accessing services in the array	June 30, 1999	Tony Mundy	Michele Irwin, Clinical Dept., Network Dept., U of A, ADHS/BHS, RSA, ABS
Create Community Resources reference guide for PBHP's, VR Counselors, case managers, etc.	June 30, 1999	Tony Mundy	Michele Irwin, Network Dept.,
Provide initial training to VR Counselors, PBHP's, case managers, etc., regarding access to vocationally-related community resources and Network services	June 30, 1999	Michele Irwin, Tony Mundy	Network Dept., Training managers for ValueOptions, ABS, RSA, ADHS/BHS

Complete implementation of Extended Supported Employment Program	June 30, 1999	Michele Irwin	Tony Mundy, Betty Semerad, Linda Shuttleworth, Beth Stoneking, MARC, TRBH, Tetra, Good Shepherd
Implement recommended changes/enhancements to Fountain House Model Clubhouses	Sept. 30, 1999	Michele Irwin	Tony Mundy, Network Dept., RSA Contract Managers, TRBH, ABS, ADHS/BHS
Establish Hospital to Community program in conjunction with ASH Community Transition Unit	Sept. 30, 1999	Tony Mundy, Joanne Hayden	Michele Irwin, Dr. Mike Williams, ValueOptions staff
Implement recommended changes/enhancements to Fast Trac Program	Sept. 30, 1999	Michele Irwin	Tony Mundy, Betty Semerad, Stephanie Wise, Paula Fernandez, other providers, Network Dept.
Implement recommended changes/enhancements to Work Exploration Program	Sept. 30, 1999	Michele Irwin	Jackie Pillion, Paula Fernandez, ABS
Establish "Ears for Peers" Program (Consumer Warm Line)	Dec. 31, 1999	Joanne Hayden	Tony Mundy, ValueOptions staff, consumers
Establish relationship with ComPeer program	Dec. 31, 1999	Tony Mundy	Michele Irwin, Joanne Hayden, Cheryl Becker
RFP for additional Supported Employment placements, On-the-Job Training Programs with Targeted Industries, Training and Guaranteed Placement programs	Dec. 31, 1999	Michele Irwin	Tony Mundy, John Loughrin, Pam Del Tredici, Linda Garbade
Establish relationship with two additional Drop-in Centers	Mar. 31, 2000	Michele Irwin,	Tony Mundy, Joanne Hayden, SOON, Survivors United
Implement recommended World of Work Program	Mar. 31, 2000	Tony Mundy	Michele Irwin, Joanne Hayden, Beth Stoneking, consumers
Establish Consumer Skills Bank	Mar. 31, 2000	Joanne Hayden	Tony Mundy, consumers

Goal Two:

A cooperatively developed, integrated and coordinated services delivery system.

Task	Target Date	Lead	Others Involved
Assignment of PBHP's to Title XIX consumers	Mar 31, 1999	Clinical Dept.	
Creation of Policies and Procedures, Best Practices and Community Resources Guide for VR Counselors, PBHP's, case managers and others, including referral procedures and documentation guidelines	June 30, 1999	Tony Mundy	Michele Irwin, Network Dept., Quality Management, ADHS/BHS
Provide initial training to VR Counselors, PBHP's, case managers, etc., regarding access to vocationally-related community resources and Network services	June 30, 1999	Michele Irwin, Tony Mundy	Network Dept., Training managers for ValueOptions, ABS, RSA, ADHS/BHS
Resolve space issues for VR Counselors within the Provider Network	June 30, 1999	Tony Mundy	Michele Irwin, ABS, Network Dept., ADHS/BHS
Initiate SMI Work Group	June 30, 1999	Margaret Trujillo	Tony Mundy, Michele Irwin, Clinical Dept., ABS, Provider Network, VR Counselors, ADHS/BHS
Initiate "pilot" of PBHP's in Provider Network	Sept. 30, 1999	Clinical Dept.	Network Dept.
Establish employee evaluation performance goals	Sept. 30, 1999	Michele Irwin	Tony Mundy, Others to be identified

Goal Three:

The involvement of all stakeholders, including consumers, employers, providers and others.

Task	Target Date	Lead	Others Involved
Initiate monthly ISA Coordination meetings	Mar 31, 1999	Michele Irwin	Tony Mundy, Vicki Staples, others to be identified

Initiate monthly CRP Provider meetings	April 30, 1999	Michele Irwin	Tony Mundy, Vicki Staples, CRP providers, ABS, Network Dept.
Initiate Local ISA Committee	June 30, 1999	Michele Irwin	Tony Mundy, Vicki Staples, others to be identified
Initiate the Community Housing and Employment Partnership	June 30, 1999	Margaret Trujillo	Tony Mundy, Michele Irwin, Housing Manager, Housing Administration Agency, others to be identified
Hold RSA-sponsored Employer/Consumer Conference	June 30, 2000	Michele Irwin	Tony Mundy, John Loughrin, RSA Employment Specialists, Joann Hayden, John Holmes, others to be identified

Goal Four:

The development and implementation of program Evaluation, tracking and data sharing protocols.

Task	Target Date	Lead	Others Involved
Identify specific data collection elements to be utilized in program evaluation	April 30, 1999	Tony Mundy	Michele Irwin, Vicki Staples, Quality Management Dept., Alan Price, Network Dept., ABS, U of A, ADHS/BHS
Implement program evaluation protocols	June 30, 1999	Tony Mundy	(same as above)
Evaluate performance data and Regional Plan progress	July 31, 1999	Local ISA Committee	
Evaluate performance data and Regional Plan progress	Oct. 31, 1999	Local ISA Committee	
Evaluate performance data and Regional Plan progress	Jan. 31, 2000	Local ISA Committee	

Evaluate performance data and Regional Plan progress	April 30, 2000	Local ISA Committee	
Evaluate performance data and Regional Plan progress.	July 31, 2000	Local ISA Committee	
Complete new Regional Voc. Plan	July 31, 2000	RSA	Partners